



# LONG-TERM CARE OMBUDSMAN PROGRAM VOLUNTEER APPLICATION



Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please tell us how you first learned about volunteering with the LTCO program?

\_\_\_Newspaper \_\_\_Poster \_\_\_Brochure \_\_\_Radio \_\_\_LTCO staff \_\_\_LTCO volunteer \_\_\_Other: \_\_\_\_\_

Are you willing and able to make a **one year** commitment to volunteering? \_\_\_Yes \_\_\_No

Are you able to commit an average of **20** hours a month volunteering? \_\_\_Yes \_\_\_No

Please list the days and times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

List any previous volunteer experience that you have had:

Name of Organization	Length of Volunteer Service	Position/What you did:

Please list employment history:

Employer	Length of Employment/Dates	Position/What you did:

Please check your highest level of education:

\_\_\_Grade School \_\_\_High School \_\_\_Technical Training/Some College \_\_\_College Degree \_\_\_Graduate Degree

Are you able to speak any other languages? If so, please list: \_\_\_\_\_

Are you willing to volunteer within a **10-20 mile radius** of your home zip code? ☐ Yes ☐ No

Are you willing to volunteer within a **20+ mile radius** of your home zip code? ☐ Yes ☐ No

Have you had experience with a Skilled Nursing Facility or a Residential Care Facility for the Elderly?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Do you have relatives or friends closely connected with a nursing home or residential care facility?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Have you ever been convicted, placed on parole/probation or been given a suspended sentence in court?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Please list two references we may contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

- **All applicants wishing to volunteer with the Long-Term Care Ombudsman Program must pass a criminal background and medical screening.**
- **Volunteers must have access to reliable transportation. When using a personal vehicle for work assignments, you must have proof of a valid CA driver's license and adequate auto insurance.**
- **Volunteers with the Long-Term Care Ombudsman Program may not have been employed by a long-term care facility within 12 months prior to certification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date